## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED** Apr 07 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 P93000086875 (0) **DOCUMENT #** ENERTECH, INC. Principal Place of Business Mailing Address 4365 OKEECHOBEE BLVD. 4365 OKEECHOBEE BLVD. SUITE B-17 SUITE B-17 WEST PALM BEACH FL 33409 DO NOT WRITE IN THIS SPACE WEST PALM BEACH FL 33409 3. Date Incorporated or Qualified 12/21/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 3878 PROPER AVE 65-0470542 3678 RICHARD AVE Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired SUITE # 15 シンノング Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be BKACH といいのか  $\Box$ Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BARNETTE, WILLIAM S Name 284 RIVERSIDE DR. 82 Street Address (P.O. Box Number is Not Acceptable) PAL, BEACH GARDENS FL 33410 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when roinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE BARNETTE, WILLIAM S 1 2 NAME NAME 284 RIVERSIDE DR. STREET ADDRESS 1.3 STREET ADDRESS PALM BEACH GARDENS FL CITY-ST-ZIF 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - \$1 - ZIP DELETÉ Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 THILE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

SIGNATURE:

5.4 CITY - ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

Change

Addition

DELETE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE